

AC 144043  
COUNTY BOROUGH OF DEWSBURY.



EDUCATION COMMITTEE.

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# ANNUAL REPORT

UPON THE

## SCHOOL MEDICAL SERVICE

FOR THE

*Year ended 31st December, 1934*

BY

C. METCALFE BROWN,  
M.D., Ch.B., D.P.H., Barrister-at-Law

School Medical Officer.

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LESLIE EMMERSON.

## STAFF OF THE SCHOOL MEDICAL DEPARTMENT.

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**School Medical Officer** ... C. METCALFE BROWN, M.D., Ch.B.,  
D.P.H., Barrister-at-Law.

**Assistant School Medical Officer** HELEN G. M. BENNETT, M.B., Ch.B.,  
D.P.H.

**Consulting Oculist** ... W. OLIVER LODGE, F.R.C.S.(E.), D.O.M.S.

**Consulting Orthopaedic Surgeon** R. BROOMHEAD, F.R.C.S., (Eng.).  
(up to Oct., 1934).  
A. B. PAIN, M.Ch., F.R.C.S., (Eng.).  
(from Dec., 1934).

**School Dentist** ... J. E. BENFIELD, L.D.S.

**School Nurses** ... Miss M. C. BATES.  
Mrs. E. BUSHELL.  
Miss E. A. ROBERTS.

### Clerical Staff :

**Chief Clerk** ... E. AUTY, C.R.S.I.

**Clerk** ... Miss D. BRYAN (up to Dec., 1934).

**Clerk and Dental Attendant** ... Miss M. BARTLETT.



# GENERAL INFORMATION.

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## Elementary Schools—

Number of Schools	...	...	...	...	25
Number of Departments—	...	...	...	...	43
Number on Roll	...	...	...	...	7929
Average Attendance	...	...	...	...	6955

## Secondary Schools—

Number on Roll	...	...	...	...	623
----------------	-----	-----	-----	-----	-----

## Junior Technical and Commercial Schools—

Number on Roll	...	...	...	...	238
----------------	-----	-----	-----	-----	-----

## Cost of School Medical Service, 1933-34—

Total Cost	...	...	...	...	£2798
Government Grant	...	...	...	...	£1399
Cost to Rates	...	...	...	...	£1399
Cost to Rates in terms of a Penny Rate...	...	...	...	...	1.295d.

## SCHOOL MEDICAL REPORT.

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*To the Chairman and Members of the  
Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you the Annual Report upon the School Medical Service for the year 1934.

The Report includes a detailed survey of the hygienic conditions in Dewsbury elementary schools which I have prepared at the request of the Education Committee. The Board of Education, also, requires information relating to school hygiene to be included in the School Annual Report.

I am indebted to Dr. H. G. M. Bennett, Assistant School Medical Officer, for her work during the year and for her assistance in the compilation of this Report.

My best thanks are again due to the members of the Education Committee, to the staff of the School Medical Department and to the other officers of the Corporation who have continued to support and co-operate in the work of the School Medical Department.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

C. METCALFE BROWN,

*School Medical Officer.*

HEALTH DEPARTMENT,  
MUNICIPAL BUILDINGS,  
DEWSBURY.

*May, 1935.*

## REPORT.

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### I.—STAFF.

Full particulars of the staff of the School Medical Department are printed on page 6.

### II.—CO-ORDINATION.

In Dewsbury the School Medical Officer is also the Medical Officer of Health, Chief Tuberculosis Officer, Maternity and Child Welfare Officer and Medical Officer to the Mental Deficiency Committee. He is also Chairman of the Executive Committee of the Dewsbury Nursing Association, a Vice-President of the Dewsbury and District General Infirmary and Medical Adviser to the Dewsbury Voluntary Association for Mental Welfare. The Assistant School Medical Officer is also Assistant Medical Officer of Health, Assistant Tuberculosis Officer, and Assistant Medical Officer for Maternity and Child Welfare. Co-operation of the School Medical Service with other services is therefore complete.

### THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

### III.—SCHOOL HYGIENE.

A detailed survey of the hygienic conditions of the public elementary schools of the area has been completed. It is understood that a comprehensive re-organisation of schools in Dewsbury is contemplated and the present time would appear, therefore, to be an opportune one for the consideration of the defects ascertained.

The condition of each school is described, in the main, in general terms only. The proper place for the consideration of defects in detail is on school premises. It should be clearly understood, therefore, that when, for example, the ventilation is stated to be inadequate, the description refers to the ventilation of one or more rooms but not necessarily to the ventilation of all the rooms in a school. This reservation applies also to the other hygienic conditions considered.

The majority of the schools are satisfactory, or can be made so at reasonable expense. In some cases the remedy of the defects will be somewhat difficult and merits careful consideration. Several schools, or parts of schools, are unfit for occupation and should be closed at the earliest opportunity.

**Batley Carr Council School.**

Adequate ventilation is difficult to obtain because most of the window fasteners are faulty. Natural lighting is good but the full benefit of the electric lighting system is not obtained because of a shortage of electric lamps. Heating is adequate. There is some minor disrepair in the sanitary conveniences. The cloakroom accommodation is adequate.

**Boothroyd Lane C.**

Ventilation is adequate but the atmosphere in the Girls' Department is badly polluted by smoke penetrating through the floors from the boiler below. Natural lighting is adequate except in Room A. of the Girls' Department which should be improved by reconstruction of windows. Heating is adequate except in Rooms C., D. and F. in the Infants' Department. The trough closets in the Infants' Department are undesirable and there are no proper seat pads. The cloakroom accommodation is adequate but the drying arrangements for children's clothes are not.

**Carlton Street C.**

The ventilation is inadequate, due chiefly to the unsatisfactory type of windows. Improvement of these windows would also improve the natural lighting. Heating is adequate except in Classroom III. in the Infants' Department. Class room floors are defective. Sanitary conveniences are satisfactory. Clockroom accommodation is adequate but drying arrangements are not.

**Eastborough C.**

Ventilation and heating are adequate. Lighting is adequate except in Classroom occupied by Junior First in Girls' Department. Some desks in Girls' Department are worn out. Door catches in Girls' Department are defective. Recently constructed composition floor of urinal is unsatisfactory and floor is very wet underfoot even in dry weather. Playground paving is defective. Cloakroom accommodation and drying arrangements are inadequate.

**Dewsbury Moor C.**

Ventilation and natural lighting are inadequate, and should be improved by reconstruction and repair of windows. Defective window frames permit rain to enter classrooms in Boys' Department. Heating is sufficient. The conveniences are insanitary and out of repair. Playground paving is defective. Cloakroom accommodation is adequate but drying arrangements are insufficient.

**Chickenley Lane C.**

Ventilation is inadequate and should be improved by reconstruction of windows. Lighting and heating are adequate. Water penetrates ceiling of Infants' cloakroom. Disrepair exists in sanitary conveniences. Playground has been resurfaced recently satisfactorily. Cloakroom accommodation is adequate.

**Ealsheaton C.**

Ventilation and lighting are inadequate and should be improved by reconstruction of windows. Heating is sufficient. Infants and Girls enter block of conveniences by same entrance. The urinals are insufficiently screened. Playground has been re-surfaced recently satisfactorily. Cloakroom accommodation is adequate.

**Shaw Cross C.**

Ventilation, natural lighting and heating are adequate. Floors are worn out. Lavatory basins are in poor condition and require renewal. Trough closets and urinals are insanitary. Cloakroom accommodation is adequate.

**Thornhill C.**

Ventilation, lighting, heating, sanitary conveniences and cloakroom accommodation are satisfactory.

**Thornhill Walker C.**

Ventilation, lighting, heating and sanitary conveniences are adequate. Lavatory basins are too high for convenient use by small children. Cloakroom accommodation is adequate but drying arrangements are not.

**Ravensthorpe C.**

Ventilation, lighting, heating, sanitary conveniences and cloakroom accommodation are satisfactory. Repairs are required to playground and to the fabric of the building.

**Victoria Central C.**

Ventilation and lighting are inadequate. Heating is sufficient—new heating boilers have been installed recently. Classroom floors require repair. The composition floor at the entrance to the Domestic Section of the Girls' Department is dangerous. Cloakroom accommodation is badly arranged and drying facilities are inadequate. Playground is dangerous in places.

**Moorlands Open Air.**

Ventilation, lighting, heating, sanitary conveniences and cloakroom accommodation are satisfactory.

**St Paulinus' R.C.**

Ventilation and heating are adequate. Lighting is adequate except in "Cookery Room." The lighting here could be made adequate by applying light coloured paint to the existing brick wall. The floor in the Infants' Department is defective. Trough closets and urinals are insanitary. Cloakroom accommodation and drying arrangements are adequate. Playground surface is defective.

**St. Joseph's R.C.**

Ventilation and lighting are inadequate. Heating is sufficient. A new heating boiler has been installed recently. Conveniences are inadequate and insanitary. Cloakroom accommodation is adequate but there are no drying arrangements. A considerable amount of re-flooring has been done.



**St. John's C.E.**

Overcrowded. Ventilation, lighting and heating are adequate. Sanitary conveniences have been renewed satisfactorily and ashpit abolished recently. Cloakroom accommodation and drying arrangements are inadequate. Floor is defective in one classroom.

**Parish C.E.**

Ventilation and lighting are adequate. Heating is adequate except in Standard V. Room. The urinal accommodation is foul—there are no flushing arrangements. Cloakroom accommodation and drying arrangements are adequate.

**Ravensthorpe C.E.**

Ventilation and lighting are inadequate. Heating is sufficient. There are no flushing arrangements in urinals. The heap of boiler ashes in Girls' playground should be removed. Cloakroom accommodation and drying arrangements are adequate.

**Earlsheaton C.E.**

Ventilation and lighting are adequate. Heating is inadequate. Boys' conveniences are dangerous and insanitary. Demolition and rebuilding of these conveniences are urgently required. Cloakroom accommodation is adequate but drying arrangements are not.

**Thornhill C.E.**

Ventilation and lighting are inadequate. Heating is inadequate in spite of recent installation of new boiler. Floors are very worn. Conveniences are insanitary and defective. Playground is defective. School is in a state of general disrepair. Cloakroom accommodation and drying arrangements are inadequate.

**Thornhill Lees C.E.**

Ventilation and lighting are inadequate. Lighting in the Mixed School should be improved by substitution of clear glass for existing opaque glass in certain windows. Heating is sufficient—new heating apparatus has been installed recently. In the Mixed School some of the desks are too large for the children and water leaks through the ceiling in one classroom. Playgrounds are badly paved and improperly drained. Conveniences are inadequate and insanitary. Floors are defective in the Infants' School.

**Lees Moor C.E.**

Ventilation, lighting and heating are inadequate. Sanitary accommodation is inadequate. Cloakroom accommodation is inadequate. The school is in a state of general disrepair. The general system of drainage is wrong and dangerous.

**Lower Whitley C.E.**

Ventilation, lighting and heating are adequate. Electric lighting has been installed recently. Conveniences are insanitary—conversion to the water carriage system is urgently required. Cloakroom accommodation is sufficient but the drying arrangements are not adequate.

**Savile Town C.E.**

Overcrowded. Ventilation, lighting and heating are adequate. Disrepair exists. Playground is badly paved. Cloakroom accommodation and drying arrangements are not adequate.

**Westtown C.E.**

Ventilation and natural lighting are inadequate. Playground surface is defective. Heating is sufficient. Conveniences are insanitary. Cloakroom accommodation and drying arrangements are not adequate.

The following matters appear to be of importance in relation to Dewsbury schools generally :—

**Cleanliness.**

There has been a marked improvement in cleanliness recently but many of the schools are still not as clean as they ought to be. A separate report is being submitted to the Education Committee on this matter.

**Decoration of Schools.**

Pollution of the atmosphere in Dewsbury is responsible for much of the dinginess of some of the schools. Nevertheless, more frequent decoration of the schools in lighter colours would improve the lighting and brighten many of the classrooms.

**Towels.**

Generally there are too few towels for the use of the children and more frequent changing of existing towels is necessary.

**First-Aid Cabinets.**

Several of the schools have no first-aid equipment. It is recommended that each Department be equipped with a first-aid cabinet suitably stocked and that replacements of stock be provided by the Education Committee. A re-stocking scheme could be arranged in conjunction with the School Clinic.

**Drinking Fountains.**

These have been installed in all the schools. They are of considerable value but the number is not sufficient. In one school there is one drinking fountain for 254 children—the result is that the majority of the children are obliged to drink out of mugs.

**Opening of Doors.**

In several schools the doors do not open outwards. This is dangerous, particularly in the case of outer doors. A sudden alarm, as in the case of fire, might easily result in a mass of panic-stricken children becoming jammed against a door constructed to open inwards ; with the result that such a door could neither be opened from the inside nor from the outside.

### Sanitary Conveniences.

There is evidence that members of the general public make use of the sanitary conveniences in certain schools. These persons are not so careful as the school children for whom the sanitary conveniences are intended and in consequence it is sometimes difficult to keep the conveniences as clean as they might be. Improvement would no doubt be obtained by enlisting the co-operation of the Watch Committee in the suppression of trespassing by members of the general public.

### Water Supply.

All schools are supplied with water from the mains, the quality and quantity of the water being satisfactory.

### Gas Lighting.

Several of the schools are gas lit. Gas lighting, as it exists in these schools, is unsatisfactory, in that the illumination is inadequate, gas escapes from old or defective fittings, and the apparatus is often faulty and inconvenient in operation. It is suggested that consideration should be given to the question of either (*a*) modernising and maintaining efficiently the existing gas installation, or (*b*) replacing gas lighting by electric lighting.

### Repairs.

There are many items of disrepair which require immediate attention in the interests of the health and safety of the children.

## IV.—MEDICAL INSPECTION.

There has been no change in the arrangements for medical inspection described in the Annual Report for 1932, page 10.

Statistical particulars are shown in Table I, page 29.

## V.—FINDINGS OF MEDICAL INSPECTIONS.

Figures relating to the facts disclosed by medical inspection are detailed in Table II, page 30.

The following figures denote the percentage of children found to require treatment at Routine Medical Inspections in Dewsbury during 1933 and 1934. For purposes of comparison, figures similarly calculated for 1933 are given for England and Wales, excluding London and also for London.

	Dewsbury.		England and Wales, excluding London		London
	1934	1933.	1933.	1933.	1933.
Entrants ... ..	12.8	10.9	16.39		14.98
Second Age Group	23.2	30.4	18.72		17.06
Third Age Group	22.4	8.6	17.12		18.0
	<hr/>	<hr/>	<hr/>		<hr/>
Total ... ..	19.8	16.6	17.40		16.67
	<hr/>	<hr/>	<hr/>		<hr/>



**(a) Malnutrition.**

Referring to Table II, page 30, it is observed that 28 children were found to suffer from Malnutrition. This represented 0.8% of the children examined in 1934 as compared with 1.5% in 1933, 0.4% in 1932 and 2.9% in 1931.

It is satisfactory to record that in spite of the economic difficulties experienced during the last decade, the nutrition of Dewsbury children has improved.

The scheme for the provision of Milk and Meals which has been in operation in Dewsbury since February, 1933, has doubtless assisted in maintaining the nutrition of the school children. One is convinced, also, that the recently inaugurated Milk Marketing Board scheme for the supply of cheap milk to school children, will be of considerable benefit to the health of the children.

**(b) Uncleanliness.**

Table IV., Group VI., page 33, indicates that 81 children were found to be unclean.

The average number of visits to schools made by the nurses during the year in connection with cleanliness was 3.2—almost double the number made last year.

One is satisfied that Dewsbury children do not suffer unduly from lack of cleanliness. With regard to verminous conditions of the head, a study of the figures for the last 10 years reveals an improvement, particularly among girls. The improvement in girls is no doubt chiefly due to the modern fashion of wearing the hair relatively short—a fashion much to be commended for young and old.

**(c) Minor ailments and diseases of the skin.**

Reference to Table II., page 30, shows that the incidence of these defects was low. Ringworm is no longer a disease which gives cause for concern in schools and impetigo is relatively rare.

**(d) Visual defects and external eye disease.**

On Table II., page 30, 567 cases of ophthalmic defects are recorded. This figure is again higher than that of last year and illustrates the increasing confidence of Dewsbury parents in the value of ophthalmic treatment for their children. The majority of the children attending for eye defects are poor and debilitated and require to attend frequently for treatment and observation.

**(e) Nose and throat defects.**

As shown in Table II., page 30, these defects amounted to 510 in 1934. Chronic tonsillitis accounted for 343, of which 45 were referred for treatment.

**(f) Ear disease and defective hearing.**

Table II., page 30, indicates that 46 cases were discovered, 27 of which were cases of deafness of varying degree.

(g) **Dental defects.**

Table IV., Group V., page 33, shows that of 4619 children inspected by the School Dentist, 3816 were found to require treatment and 3109 accepted treatment. The percentage of acceptances was therefore 81.4, a much higher figure than in most areas. One is justified in concluding that in Dewsbury dental treatment is relatively popular among school children at least.

In addition to the work of the School Denist illustrated by these figures, a great deal of work is performed by him which cannot be reduced to statistics. Many examinations are performed, much advice is given and expert treatment applied for gum and other mouth conditions encountered in the course of routine dental visits.

(h) **Orthopaedic and Postural Defects.**

Table II., page 30, records that 83 children with these defects were found during 1934, only 6 requiring treatment. The chief causes of these defects were rickets and infantile paralysis, producing slight degrees of knock knee or scoliosis requiring to be kept under obseravtion. Every effort is made to prevent or treat rickets by the administration of cod liver oil and by the application of ultra-violet therapy.

(i) **Heart Disease and Rheumatism.**

Table II., page 30, shows 86 cases of heart disease. Cardiac defects are usually the result of febrile disease such as rheumatism, scarlet fever, diphtheria, whooping cough and measles. Only one was found to require treatment, the others being kept under observation and reviewed periodically.

(j) **Tuberculosis.**

Under this heading in Table II., page 30, there are 5 cases. Manifest tuberculosis is relatively rare in children, although infection, without signs and symptoms is quite common. The two requiring treatment were advised to attend the Tuberculosis Dispensary.

(k) **Other defects and diseases.**

Table II., page 30.

**Enlarged cervical glands** were found in 80 children but only 2 of these were recommended for treatment.

**Defective speech.** Seven cases were found and kept under observation.

**Anaemia.** There were 94 cases in 1934, 4 of which required treatment.

**Lung diseases.** Cases of lung disease amounted to 50, most of which were due to bronchitis. The incidence of respiratory disease in Dewsbury is relatively high in adults but not in children.

## VI.—FOLLOWING-UP.

The parents of children suffering from defects ascertained by the School Medical Department are advised to seek treatment either from a private practitioner or at the School Clinic. The School Nurses visit the homes and the schools and there use every endeavour to have arrangements made for the defects to be remedied. The co-operation of teachers and attendance officers is also available in the work of following up. The persuasive efforts of the local inspector of the National Society for the Prevention of Cruelty to Children are also of value in many cases.

### SUMMARY OF THE WORK OF THE SCHOOL NURSES.

#### Medical Inspections.

Visits to Schools	...	...	...	...	...	133
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#### Cleanliness Inspections.

Visits to Schools	...	...	...	...	...	74
Visits to Departments	...	...	...	...	...	141
Number of Children Inspected	...	...	...	...	...	20963
Number of Children found Unclean...	...	...	...	...	...	81
Number of Children with Skin Complaints	...	...	...	...	...	15

#### Infectious Diseases Inspections.

Visits to Schools	...	...	...	...	...	135
Number of Children Inspected re :—						
Scarlet Fever	...	...	...	...	...	3308
Diphtheria	...	...	...	...	...	4799
Other Infectious Diseases	...	...	...	...	...	331

#### Home Visits.

Minor Ailments	...	...	...	...	...	989
Defective Vision	...	...	...	...	...	56
Infectious Diseases	...	...	...	...	...	1176

#### Treatments.

Minor Ailments	...	...	...	...	...	16519
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In addition the School Nurses were in attendance in connection with all the clinical duties of the Medical Officers. The Dental Attendant assisted the School Dentist in all his clinical work.

## VII.—ARRANGEMENTS FOR TREATMENT.

### (a) Malnutrition.

Treatment for this condition is dealt with under the heading of Provision of Meals, page 23.

### (b) Uncleanliness.

On the ground that one of the primary duties of parents is to keep their children clean, every effort is made to see that parents themselves perform the work of cleansing. Where this was found to be difficult or impossible, children were cleansed

at the School Clinic by the School Nurses. Facilities exist for cleansing, disinfection and disinfestation at the Disinfecting Station at the rear of the Municipal Buildings, Halifax Road. No unclean child was permitted to remain so.

(c) **Minor ailments and diseases of the skin.**

Treatment is provided at the School Clinic, Halifax Road, daily from 9-0 a.m. to 5-0 p.m. The Assistant School Medical Officer is in attendance each Monday morning from 9-30 a.m. to 12 noon. The close proximity of the School Clinic to the Public Health Department and the Central Maternity and Child Welfare Clinic renders medical advice readily available in cases of difficulty at other times.

The treatment of these defects is almost invariably completely successful. A detailed statement of the defects treated during 1934 is presented in Table IV., Group I., page 32.

(d) **Visual defects and external eye diseases.**

Minor ophthalmic defects, in common with other minor ailments are dealt with at the School Clinic Minor Ailments Sessions. A refraction clinic is conducted by the Assistant School Medical Officer each Friday afternoon and refraction cases are also seen at other times by arrangement. All refraction work is by appointment only. Cases of special difficulty are referred to the Consultant Oculist at his three-monthly visit.

Table IV., Group II., page 32, shows the number of visual defects dealt with and the number of children for whom spectacles were prescribed and obtained. The following figures indicate the number of spectacles prescribed and obtained during the last 5 years.

			Spectacles prescribed	Spectacles obtained.	Percentage obtained.
1930	...	...	296	260	87.8
1931	...	...	251	113	45.0
1932	...	...	218	149	68.3
1933	...	...	185	184	99.5
1234	...	...	376	350	93.3

The following is an analysis of the cases examined :—

DEFECT.	PERCENTAGE.
Emmetropia ... ..	2.6
Hypermetropia ... ..	17.9
Simple Hypermetropic Astigmatism ... ..	1.3
Compound Hypermetropic Astigmatism ... ..	31.5
Myopia ... ..	9.2
Simple Myopic Astigmatism ... ..	0.7
Compound Myopic Astigmatism ... ..	9.1
Mixed Astigmatism ... ..	6.9
Squint ... ..	19.3
Other diseases of the Eye ... ..	1.3



It will be noted that double the number of spectacles was prescribed in 1934, as compared with 1933. This represents an enormous increase of work by the Assistant School Medical Officer at the Eye Clinics.

(e) **Nose and throat defects.**

Children requiring operative treatment for adenoids or enlarged tonsils are referred to the Dewsbury and District General Infirmary from the School Clinic. Payment is made to the Infirmary for these cases by the Education Committee at the rate of £1 5s. per case. During 1934, 3 children were operated on for enlarged tonsils, 157 for enlarged tonsils and adenoids and 8 for adenoids only.

Non-operative treatment for nose and throat defects is carried out at the School Clinic.

(f) **Ear diseases and defective hearing.**

Minor defects are dealt with at the School Clinic. Five cases of aural polypi and 4 cases of mastoid disease were operated on at the Infirmary.

(g) **Dental defects.**

The School Dentist attends daily at the School Clinic for the treatment of dental defects. Preliminary dental inspections are carried out at the schools. General anaesthetics are administered by the Assistant School Medical Officer once a week and at other times when necessary. A full analysis of the treatment of dental defects is given in Table IV., Group V., page 33.

Other operations not included in this Table are :—

**Permanent Teeth—**

Temporary fillings	...	...	...	...	92
Root fillings	...	...	...	...	21
Scaling and Gum Treatment			...	...	13
Polishing	...	...	...	...	49
Treatment with Zinc Chloride			...	...	11
					<hr/>
					186

**Temporary Teeth—**

Treatment with Silver Nitrate at intervals of					
3 months	...	...	...	...	29

(h) **Orthopaedic and postural defects.**

The Orthopaedic Scheme inaugurated in 1932 and described in the Annual Report for that year continues. The number of children treated in 1934 was 65. The cost to the Education Authority was £500.

Mr. R. B. Broomhead, Consultant Orthopaedic Surgeon to Dewsbury and District General Infirmary, having resigned, Mr. A. B. Pain was appointed to the post and held the first Clinic for schoolchildren in December, 1934.

**(i) Heart disease and rheumatism.**

No special facilities are provided by the Education Committee for the treatment of heart disease and rheumatism, but children suffering from these defects are referred to private practitioners or to the Dewsbury and District General Infirmary when observation or treatment is deemed necessary by the School Medical Officers. A few have attended, with benefit, at the Open Air School.

**(j) Tuberculosis.**

Facilities are provided at the Dewsbury Tuberculosis Dispensary and at Whitley Grange Sanatorium, Dewsbury, for the treatment of Tuberculosis and the investigation of suspected Tuberculosis in school children. Non-pulmonary cases requiring orthopaedic treatment are referred to the Dewsbury and District General Infirmary.

**(k) Other defects and diseases.**

Defects or diseases discovered by the School Medical Department are dealt with at the School Clinic or referred to private practitioners or to the Dewsbury and District General Infirmary.

**Artificial Sunlight Treatment.**

Ultra-violet light therapy is administered at the Dewsbury and District General Infirmary. I am indebted to the Secretary-Superintendent, Mr. Fred Smith, for the following information relating to defects treated in Dewsbury school children in 1934 :—

Defects.	No. of Cases	No. of Treatments
Lupus ... ..	2	28
Psoriasis ... ..	1	73
Mastoiditis ... ..	1	121
Rickets ... ..	8	478
Rheumatism ... ..	1	14
Tuberculosis ... ..	3	150
Cervical Adenitis ... ..	14	663
General Debility & Anaemia ...	12	262
Chest Diseases ... ..	3	94
Otorrhea ... ..	3	89
	<hr/>	<hr/>
	48	1972
	<hr/>	<hr/>

**VIII.—INFECTIOUS DISEASES.****(a) Diphtheria.**

The following figures show the number of cases, the number of deaths, and the case mortality among school children for the last 10 years :—

Year.	Diphtheria		Deaths.	Case Mortality (per cent.).
		Cases.		
1934	...	128	10	7.8
1933	...	135	11	8.2
1932	...	147	22	15.0
1931	...	71	7	9.8
1930	...	30	2	6.6
1929	...	18	1	5.5
1928	...	24	—	—
1927	...	18	1	5.5
1926	...	11	1	9.0
1925	...	14	2	14.2

The incidence of Diphtheria commenced to increase in 1930 and reached its highest point in 1932. Last year again showed a slight decrease in the number of cases notified. The case mortality, *i.e.*, the proportion of deaths to the total number of cases, is slightly lower.

Early in the year a special notice was sent out to all parents advising Immunization against Diphtheria. Many acceptances were received and a number of children inoculated previously appeared for Schick-testing and if necessary were given a second course of injections.

The following shows the number of children immunized during 1934 :—

1 Injection.	2 Injections.	3 Injections.
15	52	310

No ill effects were reported following the injections.

During 1934, 334 swabs from suspected Diphtheria cases at the School Clinic were examined in the Health Department Laboratory, of which 14 gave a positive result.

**(b) Scarlet Fever.**

There were 135 cases in school children during 1934. The type was again relatively benign, there being no deaths from this disease.

**(c) Other infectious diseases.**

The following comparative figures show the number of school children reported as suffering from the infectious diseases indicated during the last 4 years.

	1934	1933	1932	1931
Measles ... ..	382	375	196	444
Whooping Cough	112	151	124	221
Chicken Pox ...	273	137	231	412
Mumps ... ..	18	7	472	326
Influenza ... ..	34	992	118	128
	819	1662	1141	1531

**(d) Vaccination.**

The following is a statement of the vaccinic condition of Dewsbury school children examined during the year. The percentage of vaccinated children is regrettably low.

	Number Examined	Percentage Vaccinated
Entrants ...	657	29.4
Second Age Group ...	740	30.9
Third Age Group ...	823	40.1
	<hr/> 2220 <hr/>	<hr/> 33.8 <hr/>

**Code Grant Regulations, No. 8.**

In order to prevent the spread of infectious disease, 440 children were excluded from school during 1934.

In January, 1934, all schools were closed for 2 weeks in the hope that the extended Christmas vacation would assist in combating the Diphtheria epidemic which had reached serious proportions. The closing of the schools gave an opportunity for the thorough cleansing and disinfection of the school premises. At the same time, Managers of Theatres and Cinemas were asked to exclude children from places of entertainment and Sunday Schools were also closed. Unfortunately, these measures had no apparent effect on the incidence of Diphtheria which continued to remain high.

In May, 1934, the Board of Education approved for a period of one year, the practice instituted by the School Medical Officer of excluding from school for two months all children discharged from the Diphtheria Wards of the Isolation Hospital.

On the recommendation of the School Medical Officer all children under 5 years of age were excluded for 3 months, commencing in October, 1934.

These extraordinary measures have been of considerable value. In November, 1934, the incidence of Diphtheria commenced to fall in Dewsbury and this fall was all the more striking in that a rise of incidence is usual in the winter months and in that the incidence of Diphtheria rose simultaneously in neighbouring districts and to an unprecedented height in recent years in one of these districts. Compared with the incidence of Diphtheria in Dewsbury in recent years, the incidence has remained relatively low since the institution of the measures detailed above.

There were no other school closures during 1934, but the School Medical Officer issued 12 certificates in respect of 4 Departments in which the attendance had fallen for any one week below 60 per cent. of the number of children on the register, the fall being attributed to epidemic illness.



### IX.—OPEN-AIR EDUCATION.

In a few cases, open-air instruction was given during the Summer. There are no open-air class rooms in the elementary schools. The work of the Open-Air School is referred to in Section XIII., page 26. An organised holiday scheme for school children is referred to in Section XII.(d), page 24.

### X.—PHYSICAL TRAINING.

The School Medical Officers are always prepared to advise teachers in the work of physical training. There is no Area Organizer of Physical Training in Dewsbury.

The following report on Swimming Instruction was supplied by the Education Officer :—

The Swimming Tests for the award of Certificates as a result of the instruction given to children during the Session 1934, were carried out at the Public Baths on Monday, 1st October, for the girls, and on Wednesday, 3rd October, for the boys.

The period of instruction this year was 22 weeks, a similar period to last year.

Girls.—The average attendance of girls has been 328 per week throughout the Session, as compared with 337 last year, and out of the 200 presented for examination, 199 qualified for Certificates. The distance of the test is one length of the Bath (25 yards).

Boys.—The average attendance of boys has been 484 per week throughout the Session as compared with 585 last year, 218 were presented for examination and qualified for Certificates. The distance of the test is  $1\frac{1}{2}$  lengths of the Bath (about 37 yards).

#### Examiners' Remarks.

"We took these tests on Monday and Wednesday, October 1st and 3rd, respectively.

Girls 200. Passed 199. Failed one.

Boys 218. Passed 218.

The swimming of the girls was excellent. Several girls were commented upon for their strokes and they were beautiful to watch.

With reference to the boys, on the whole the swimming was good, but they did not come up to the standard of the girls. However, we were very pleased with their performance, especially as we had no failures to report, and they also showed every confidence of making capable swimmers."

### XI.—PROVISION OF MEALS.

Revised arrangements for the provision of food to necessitous school children came into operation in February, 1933. Children are examined by a School Medical Officer and if found to require free food are recommended for milk or dinners or both, according to the discretion of the Medical Officer. Local retailers, under contract, supply pasteurized milk in one-third pint bottles. Each child receiving free milk is supplied with one-third pint in the morning and with another in the afternoon.

Dinners, when recommended, are provided in dining rooms in different parts of the town. From time to time, enquiries are made by the Medical Staff as to the suitability of the dietaries provided.

The following statement shows the provision of free milk and meals during 1934 :—

**Milk.**

One-third pint bottles supplied—136,258.

No. of individual children to whom supplied—457.

Total cost—£432 12s. 11d.

Average cost per bottle—.76d.

**Dinners.**

Dinners supplied—9,341.

No. of individual children to whom supplied—67.

Total cost—£232 7s. 8d.

Average cost per dinner—5.97d.

The scheme of the Milk Marketing Board, under which 1/3rd pint of milk is supplied to school children at the price of  $\frac{1}{2}$ d. per 1/3rd pint bottle, which came into operation on 1st October, 1934, resulted in a considerable increase in the number of children receiving milk on payment. With one exception, authorised by the Medical Officer of Health, pasteurised milk is supplied to the children in all the Schools. The number of scholars receiving 1/3rd pint of milk or more immediately following the introduction of the scheme was 4,739, as against 1,195 previously.

**XII.—CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.**

**(a) Parents.**

The success of the School Medical Service largely depends on the co-operation of parents. Two-thirds of the children examined during the year were accompanied by their parents—convincing evidence of the very satisfactory interest evinced by Dewsbury parents in the physical well-being of their children. If this interest is maintained, it will augur well for the future health of the County Borough.

**(b) Teachers.**

Tribute is due to the teachers for their valuable assistance and interest in the work of the School Medical Department.

**(c) School Attendance Officers.**

The work of these Officers is of much value to the School Medical Department in providing information relating to the existence of defects in children absent from school.

**(d) Voluntary Bodies.**

**“ Boots for the Bairns ” Fund, 1933-34.**

The subscription list for the supply of boots to necessitous school children was re-opened in November, 1933, by the Mayor (Councillor H. F. Shaw, J.P.). The Fund was well supported and realised £335 13s., out of which 768 pairs of boots and stockings were distributed during the year 1933-34.

The Fund was again a valuable help to the Education Committee in securing an improved attendance in the cases of those children who would be unable to attend school through the lack of footwear and the ills consequent thereon.

#### **Dewsbury Children's Summer Holiday Fund.**

In June, 1934, 182 children, accompanied by 6 teachers, proceeded on holiday to Bridlington for one week, under the auspices of the Dewsbury Children's Summer Holiday Fund. At the request of the President (Miss Walker, J.P.), all these children were examined by the Assistant School Medical Officer prior to their departure.

### **XIII.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.**

#### **(a) Ascertainment and treatment.**

The majority of these children are ascertained as defective before reaching school age as a result of the activities of the Health Visitors who report to the Health Department, the Chief Clerk of which is also in charge of the clerical work of the School Medical Department. The remainder are ascertained as a result of Routine or Special Inspections at the schools or at the School Clinic.

#### **Children suffering from multiple defects.**

One boy suffering from Spastic Diplegia and mental defect attends no school.

#### **Blind Children.**

These are referred to the Education Officer, who is also the Administrative Officer of the Blind Assistance Sub-Committee.

One totally blind child is maintained at the Royal Blind School, Sheffield. One attends no school at present but is awaiting admission to a Blind School when a vacancy occurs. Two partially sighted children attend the Leeds Blenheim Walk School, and 4 attend at elementary schools. These latter benefit to some extent from attendance at ordinary schools, and are kept under the constant supervision of the School Medical Department.

#### **Deaf Children.**

Two Dewsbury children attend Certified Schools for the Deaf—one at Doncaster Deaf and Dumb School, and one at Manchester Royal School for the Deaf. One deaf child attends no school but arrangements are being made for his admission when a vacancy occurs.

Three partially deaf children attend at the Yorkshire Institution for the Deaf.

#### **Mentally Defective Children.**

There are no special classes or special schools in Dewsbury for mentally defective children although there is a sufficient number of children to justify tuition in a special class, for which

arrangements are being made by the Education Committee. The Dewsbury Education Authority is responsible for 9 feeble-minded children attending elementary schools.

### **Children suffering from severe epilepsy.**

One such child is maintained at Starnthwaite Colony, Kendal, and another attends no school for training or education but receives treatment as an out-patient at Wakefield Mental Hospital.

Seven children suffer from Pulmonary Tuberculosis. Two of these attended at the Open Air School, 6 had treatment at Whitley Grange Sanatorium during the year, or remained at home under Dispensary supervision.

Twelve children suffering from non-Pulmonary Tuberculosis attended the Open-Air School, 5 at the Sanatorium, 8 at elementary schools and 3 remained at home.

### **Delicate Children.**

There are 165 delicate children under the supervision of the School Medical Department. These children are suitable for tuition in an Open Air School, but accommodation is available for only 72. The question of the extension of the Open Air School is under consideration.

### **Crippled Children.**

Of the 11 children suffering from crippling defects, 9 attend elementary schools, one is receiving treatment at the Dewsbury and District General Infirmary, and one is maintained at St. Vincent's Orthopaedic Hospital.

### **Children with heart disease.**

Of these children, 16 in number, 9 attend elementary schools, 7 having attended the Open Air School during the year.

### **(b) Supervision of mentally defective children.**

Educable feeble-minded children attend elementary schools in the County Borough. They are examined frequently by the School Medical Officers and in addition are kept under the supervision of Mrs. Alice Atkinson, Supervisor of the Occupation Centre of the Dewsbury Voluntary Association for Mental Welfare. There are 9 such children attending elementary schools.

### **(c) Open-Air School.**

The excellent facilities provided at this school have been fully described in the Annual Report for 1932.

The following is an analysis of defects in children attending the Open Air School during 1934 :—



<b>Tuberculosis.</b>						Total.
Pre-tubercular	...	...	...	...	...	5
Arrested pulmonary tuberculosis	...	...	...	...	...	2
Hip tuberculosis	...	...	...	...	...	2
Knee tuberculosis	...	...	...	...	...	1
Mandibular tuberculosis	...	...	...	...	...	1
Potts' disease	...	...	...	...	...	1
Abdominal tuberculosis	...	...	...	...	...	3
Glandular tuberculosis	...	...	...	...	...	6
						— 21
<b>Circulatory Defects.</b>						
Anaemia	...	...	...	...	...	13
Organic heart disease	...	...	...	...	...	7
						— 20
<b>Pulmonary Defects.</b>						
Asthma	...	...	...	...	...	3
Bronchitis	...	...	...	...	...	19
Pulmonary fibrosis	...	...	...	...	...	1
						— 23
<b>Other Defects.</b>						
Cervical adenitis	...	...	...	...	...	11
Chronic rhinitis	...	...	...	...	...	1
Eczema	...	...	...	...	...	24
Debility	...	...	...	...	...	1
Ichthyosis	...	...	...	...	...	30
Infantile paralysis	...	...	...	...	...	1
Malnutrition	...	...	...	...	...	1
Otitis media	...	...	...	...	...	1
Scoliosis	...	...	...	...	...	1
						— 71
						—
						135
						=

After-care is carried out by the School Nurses. No other special schools are maintained by the Education Authority.

#### **XIV.—FULL-TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.**

No defective students were dealt with by the Education Authority during 1934.

#### **XV.—NURSERY SCHOOLS.**

There are no Nursery Schools in the County Borough, but a Nursery Class was started in August, 1933, at Thornhill Lees Infant School.

#### **XVI.—SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.**

##### **1.—Medical Inspection.**

##### **Wheelwright Grammar Schools for Boys and Girls.**

(a) These are provided schools.  
 (b) The pupils are all examined each year during school life as a routine measure, each examination being a full inspection.

Additional special examinations are made when necessary.

(c) Facilities are provided for the inspection of all pupils.

### **Junior Technical and Commercial Schools.**

(a) These are provided schools.

(b) The majority of pupils attending these schools have already been inspected two or three times at their previous schools. Further full medical inspections are made as a routine measure and special inspections when necessary.

#### **2.—Following-up and medical treatment.**

The work of following-up defects discovered is carried out chiefly by the Head Mistress or Headmaster of each school and their staffs. As a result of their valued co-operation, most of the defects are quickly remedied.

Facilities for treatment are provided by the Education Committee for all pupils on the same lines as those provided for elementary school children.

### **XVII.—PARENTS' PAYMENTS.**

In connection with dental extractions requiring an anaesthetic, a small charge of 6d. is made to those who can afford to pay.

### **XVIII.—HEALTH EDUCATION.**

A Dental Exhibit was arranged during the year by the Education Committee in conjunction with the Dental Board of the United Kingdom.

### **XIX.—SPECIAL ENQUIRIES.**

No special investigations were made during 1934 by the School Medical Officers.

### **XX.—MISCELLANEOUS.**

Five West Riding scholarship candidates were examined during 1934 by Medical Officers of the Medical Department.

#### **Employment of Children.**

During 1934, 88 boys and 2 girls were examined by the Assistant School Medical Officer in connection with fitness for employment out of school hours.

Certificates of fitness were granted for the following occupations :—

Newspaper delivery ...	...	63
Confectionery delivery ...	...	2
Meat delivery ...	...	13
Greengrocery delivery ...	...	3
Grocery delivery ...	...	5
Footwear delivery ...	...	2
Dressmaker's delivery ...	...	1
Drapery delivery ...	...	1

Certificate of fitness was refused in one case.

## 1

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1934.

Defect or Disease.  (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment (2)	Requiring to be kept under observation but <i>not</i> requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but <i>not</i> requiring Treatment (5)
Malnutrition ... ..	—	26	—	2
Skin—				
Ringworm—				
Scalp ... ..	2	—	—	—
Body ... ..	2	1	—	—
Scabies ... ..	4	—	—	—
Impetigo ... ..	2	1	1	—
Other Diseases (Non-Tuberculous)	23	—	4	—
Eye—				
Blepharitis ... ..	16	10	—	—
Conjunctivitis ... ..	6	5	1	—
Keratitis ... ..	—	—	—	—
Corneal Opacities ... ..	—	1	—	—
Defective Vision (excluding Squint)	278	181	10	—
Squint ... ..	13	34	—	—
Other Conditions ... ..	6	4	2	—
Ear—				
Defective Hearing ... ..	12	13	2	—
Otitis Media ... ..	7	5	—	—
Other Ear Diseases ... ..	3	3	1	—
Nose and Throat—				
Chronic Tonsillitis only ... ..	43	297	2	1
Adenoids only ... ..	7	7	—	—
Chronic Tonsillitis and Adenoids ... ..	37	13	4	—
Other Conditions ... ..	1	98	—	—
Enlarged Cervical Glands— (Non-Tuberculous) ... ..	—	78	2	—
Defective Speech ... ..	—	7	—	—
Heart and Circulation—				
Heart Disease—				
Organic ... ..	1	13	—	—
Functional ... ..	—	71	—	1
Anaemia ... ..	4	89	—	1
Lungs—				
Bronchitis ... ..	3	36	2	1
Other Non-Tuberculous Diseases ... ..	—	8	—	—
Tuberculosis—				
Pulmonary—				
Definite ... ..	—	—	—	—
Suspected ... ..	1	—	1	—
Non-Pulmonary—				
Glands ... ..	—	1	—	—
Bones and Joints ... ..	—	2	—	—
Skin ... ..	—	—	—	—
Other Forms... ..	—	—	—	—
Nervous System—				
Epilepsy ... ..	—	—	—	—
Chorea ... ..	—	—	—	—
Other Conditions ... ..	—	—	6	1
Deformities—				
Rickets ... ..	3	32	—	—
Spinal Curvature ... ..	1	2	—	—
Other Forms ... ..	2	42	—	1
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ... ..	7	55	3	7

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.  (1)	Number of Children.	
	Inspected. (2)	Found to require Treatment. (3)
Prescribed Groups—		
Entrants... ..	657	84
Second Age Group ... ..	740	172
Third Age Group ... ..	823	184
Total (Prescribed Groups) ... ..	2220	440
Other Routine Inspections ... ..	—	—



TABLE III.  
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

				Total
Children suffering from Multiple defects	Crippling and Mental Defect	At no School or Institution	1	1
Blind Children	Suitable for training in a School for the totally blind	At Certified Schools for the Blind ... ..	1	2
		At Public Elementary Schools ... ..	—	
		At other Institutions ... ..	—	
		At no School or Institution ... ..	1	
Partially Sighted Children	Suitable for Training in a School for the partially sighted	At Certified Schools for the Blind ... ..	—	6
		At Certified Schools for the Partially Sighted ... ..	2	
		At Public Elementary Schools ... ..	4	
		At other Institutions ... ..	—	
		At no School or Institution ... ..	—	
Deaf Children	Suitable for training in a School for the totally deaf	At Certified Schools for the Deaf ... ..	2	3
		At Public Elementary Schools ... ..	—	
		At other Institutions ... ..	—	
		At no School or Institution ... ..	1	
Partially Deaf Children	Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf ... ..	—	3
		At Certified Schools for the Partially Deaf ... ..	3	
		At Public Elementary Schools ... ..	—	
		At other Institutions ... ..	—	
		At no School or Institution ... ..	—	
Mentally Defective Children	Feeble-minded	At Certified Schools for Mentally Defective Children ... ..	—	9
		At Public Elementary School ... ..	9	
		At other Institutions ... ..	—	
		At no School or Institution ... ..	—	
Epileptic Children	Suffering from severe epilepsy	At Certified Schools for Epileptics ... ..	—	2
		At Public Elementary Schools ... ..	—	
		At other Institutions ... ..	1	
		At no School or Institution ... ..	1	
Physically Defective Children	A. Tuberculous	At Certified Special Schools ... ..	2	7
		At Public Elementary Schools ... ..	—	
		At other Institutions ... ..	1	
		At no School or Institution ... ..	4	
	Non-Pulmonary Tuberculosis	At Certified Special Schools ... ..	12	28
		At Public Elementary Schools ... ..	8	
		At other Institutions ... ..	5	
		At no School or Institution ... ..	3	
B. Delicate Children	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School	At Special Schools ... ..	72	165
		At Public Elementary Schools ... ..	92	
		At other Institutions ... ..	—	
		At no School or Institution ... ..	1	
C. Crippled Children	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At Special Schools ... ..	1	11
		At Public Elementary Schools ... ..	9	
		At other Institutions ... ..	1	
		At no School or Institution ... ..	—	
D. Children with Heart Disease	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Special Schools ... ..	2	16
		At Public Elementary Schools ... ..	9	
		At other Institutions ... ..	—	
		At no School or Institution ... ..	5	

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1934.

## TREATMENT TABLE.

*Group I.—Minor Ailments* (excluding Uncleanliness, for which see Group VI.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm-Scalp ... ..	21	—	21
Ringworm-Body ... ..	39	—	39
Scabies ... ..	6	—	6
Impetigo ... ..	219	—	219
Other skin disease ... ..	310	—	310
Minor Eye Defects— (External and other but excluding cases falling in Group II.) ... ..	243	1	244
Minor Ear Defects ... ..	220	2	222
Miscellaneous— (e.g., minor injuries, bruises, sores, chilblains, etc.).	1834	24	1858
Total ... ..	2892	27	2919

*Group II.—Defective Vision and Squint* (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)
Errors of Refraction (including squint).	394	18	412
Other Defect or Disease of the Eyes (excluding those recorded in Group I). ... ..	4	—	4
Total ... ..	398	18	416

Number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... ..	376
(b) Otherwise ... ..	18

Number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... ..	350
(b) Otherwise ... ..	18

*Group III.—Treatment of Defects of Nose and Throat.*

Number of Defects.													
Received Operative Treatment.											Received other forms of Treatment.	Total Number Treated.	
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
3	8	157	9	—	—	—	—	3	8	157	9	—	177

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

TABLE IV.—continued.

*Group IV.*—*Orthopaedic and Postural Defects.*

Under the Authority's Scheme.				Otherwise.			Total Number treated
(1)				(2)			
Residential treatment with education  (i)	Residential treatment without education  (ii)	Non- Residential treatment at an orthopaedic clinic (iii)	Residential treatment with education  (i)	Residential treatment without education  (ii)	Non- Residential treatment at an orthopaedic clinic (iii)		
Number of children treated.	—	—	65	—	—	—	65

*Group I'.—Dental Defects.*

- (1) Number of Children who were :—

- (i) Inspected by the Dentist:

Routine Age Groups	Aged 5	...	...	—
	6	...	...	42
	7	...	...	178
	8	...	...	339
	9	...	...	428
	10	...	...	485
	11	...	...	295
	12	...	...	258
	13	...	...	277
	14	...	...	152
Total	...	...	...	...
				2454

[illegible]

Grand Total	...	...	...	4619
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	(ii)	Found to require treatment	...	...	...	...	...	...	...	3816
	(iii)	Actually treated	...	...	...	...	...	...	...	3109
(2)	Half-days devoted to	Inspection Treatment	17 379	Total	...	...	...	...	...	396
(3)	Attendances made by children for treatment				...	...	...	...	...	3532
(4)	Fillings Permanent teeth	1332	Total		...	...	...	...	...	1332
	Temporary teeth	—								
(5)	Extracts Permanent teeth	1656	Total		...	...	...	...	...	4759
	Temporary teeth	3103								
(6)	Administrations of general anaesthetics for extractions				...	...	...	...	...	984
(7)	Other operations	Permanent teeth	186	Total		...	...	...	...	215
		Temporary teeth	29							

*Group VI.—Uncleanliness and Verminous Conditions.*

- |        |  |       |
|--------|--|-------|
| (i.)   | Average number of visits per school made during the year by the School Nurses        | 3.2   |
| (ii.)  | Total number of examinations of children in the Schools by School Nurses             | 20963 |
| (iii.) | Number of individual children found unclean  | 81    |
| (iv.)  | Number of children cleansed under arrangements made by the Local Education Authority | None  |
| (v.)   | Number of cases in which legal proceedings were taken :—                             |       |
| (a)    | Under the Education Act, 1921  | —     |
| (b)    | Under School Attendance Byelaws  | —     |

## SECONDARY SCHOOLS.

TABLE V.

### RETURN OF MEDICAL INSPECTIONS.

### A.—ROUTINE MEDICAL INSPECTIONS.

Age	...	...	...	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Tota
Number inspected	...	1	9	7	2	8	7	28	66	68	53	43	84	38	22	25	7	468		

### B. —OTHER INSPECTIONS.

<b>Number of Special Inspections</b>	...	...	...	...	...	...	...	...	<b>2</b>
<b>Number of Re-Inspections</b>	...	...	...	...	...	...	...	...	<b>10</b>

TABLE VI.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTIONS, 1934.

Defect or Disease.	Routine Inspections.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)
Malnutrition ... ..	—	3
Skin—		
Ringworm :		
Scalp ... ..	—	—
Body ... ..	—	—
Scabies ... ..	1	—
Impetigo ... ..	—	—
Other Diseases (Non-Tuberculous) ... ..	3	5
Eye—		
Blepharitis ... ..	1	—
Conjunctivitis ... ..	—	1
Keratitis ... ..	—	—
Corneal Opacities ... ..	1	—
Defective Vision (excluding Squint) ... ..	51	26
Squint ... ..	2	6
Other Conditions ... ..	2	3
Ear—		
Defective Hearing ... ..	—	1
Otitis Media ... ..	—	2
Other Ear Diseases ... ..	—	—
Nose and Throat—		
Enlarged Tonsils only ... ..	8	29
Adenoids only ... ..	—	—
Enlarged Tonsils and Adenoids ... ..	1	3
Other Conditions ... ..	—	2
Enlarged Cervical Glands (Non-Tuberculous) ... ..	—	37
Defective Speech ... ..	—	2
Heart and Circulation—		
Heart Disease :		
Organic ... ..	—	4
Functional ... ..	—	13
Anaemia ... ..	1	3
Lungs—		
Bronchitis ... ..	—	1
Other Non-Tuberculous Diseases ... ..	—	—
Tuberculosis—		
Pulmonary :		
Definite ... ..	—	—
Suspected ... ..	—	—
Non-Pulmonary :		
Glands ... ..	—	—
Spine ... ..	—	—
Hip ... ..	—	—
Other Bones and Joints ... ..	—	—
Skin ... ..	—	—
Other Forms ... ..	—	—
Nervous System—		
Epilepsy ... ..	—	—
Chorea ... ..	—	—
Other Conditions ... ..	—	1
Deformities—		
Rickets ... ..	—	—
Spinal Curvature ... ..	—	—
Other Forms ... ..	—	9
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ... ..	1	7

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected	Found to require treatment.	
(1)	(2)	(3)	(4)
Detailed Inspections ... ..	468	72	15.38







